

Fill in this Information to identify the case:

Debtor 1 Brian F. Fenelon
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of Massachusetts

Case number: 19-11809-jeb

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$9,780.15
Claimant's Name:	Brian F. Fenelon
Claimant's Current Mailing Address, Telephone Number, and Email Address:	C/O Spring Solutions, LLC P.O. Box 334 Glen Burnie, MD 21060 springsolutionsllc@gmail.com 410.760.5841
Reason Funds Were Not Received by Claimant	The Debtor was not aware of the unclaimed funds or the process to retrieve them.

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation, including separate affidavit, with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

2 The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

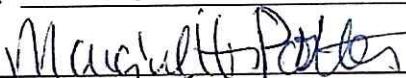
Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

U.S. Attorney for the District of Massachusetts
1 Courthouse Way, Suite 9200
Boston, MA 02210

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 12/1/2020



Signature of Applicant

Marquette Porter, Member of Spring Solutions, LLC
Printed Name of Applicant

Address: P.O. Box 334,
Glen Burnie, MD 21060

Telephone: 410.760.5841

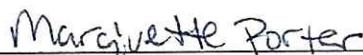
Email: springsolutionsllc@gmail.com

6. Notarization

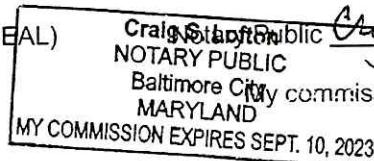
STATE OF Maryland

COUNTY OF Anne Arundel

This Application for Unclaimed Funds, dated 12/1/2020 was subscribed and sworn to before me this 1st day of December, 2020 by



who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) 
Craig S. Tolpitsky
NOTARY PUBLIC
Baltimore City
My commission expires:
MARYLAND
MY COMMISSION EXPIRES SEPT. 10, 2023

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20_____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public _____
My commission expires:

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS

In Re: Brian F. Fenelon * Case No. 19-11809-jeb
*
Debtor * Chapter 13

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 15th day of December, 2020, a copy of the Amended Application for Payment of Unclaimed Funds was served by first class mail, postage, prepaid, by hand delivery, and/or electronic case filing system to:

U.S. Attorney for the District of Massachusetts
1 Courthouse Way, Suite 9200
Boston, MA 02210

Date: 12/17/20



Marquette Porter
Member of Spring Solutions, LLC
P.O. Box 334
Glen Burnie, MD 21060
(410)760-5851